

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SCMAZ | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | LS | 1089 | 10/21/02 |
| RESPONSE FORMALITY REVIEW | MM | 778 | 1/20/02 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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